

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			11-28-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			1-30-02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

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Rejected
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Allowed
- (Through numeral)...

Canceled
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Restricted
- N

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Non-elected
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Interference
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Appeal
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Objected

Claim		Date	
Final	Original		
1	2	10/1/02	
2	3	10/1/02	
3	4	10/1/02	
4	5	10/1/02	
5	6	10/1/02	
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49	50	10/1/02	

Claim		Date	
Final	Original		
12	51	10/1/02	
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Claim		Date	
Final	Original		
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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